

This record is a partial extract of the original cable. The full text of the original cable is not available.

UNCLAS SECTION 01 OF 08 TAIPEI 003713

SIPDIS

STATE PLEASE PASS TO AIT/W, EAP/RSP/TC AND OES/IHA
HHS PLEASE PASS TO ERIKA ELVANDER

E.O. 12958: N/A

TAGS: [AMED](#) [AMGT](#) [CASC](#) [ECON](#) [SENV](#) [SOCI](#) [TBIO](#) [TW](#) [ESTH](#)

SUBJECT: TAIWAN PREPS FOR AVIAN FLU

REF: A) 2005 SECSTATE 151549 B) 2005 TAIPEI 00058 C) 2004

TAIPEI 0249 D) 2003 TAIPEI 03339 E) 2004 TAIPEI 00479 F)
2005 TAIPEI 01881 G) 2005 TAIPEI 03598

Summary

1. Summary. With the exception of one H5N1 high pathogenic avian influenza (HPAI) illegal shipment of ducks, which was caught and destroyed, Taiwan has thus far managed to avoid H5N1 HPAI. Nonetheless, drawing on its experience with SARS in 2003, Taiwan has made extensive preparations to combat a potential HPAI pandemic. President Chen Shui-bian chaired a National Security meeting on August 19 to emphasize the political will to prevent and contain any pandemic and to update Executive Agencies on Taiwan's December 29, 2004 Influenza Prevention and Response plan.

2. The Response Plan includes: a disease alerting and reporting system, disease surveillance and collaboration at all levels of government, border controls, a protocol for personal temperature monitoring, a hospital disease prevention and control network, epidemiological studies, case investigation protocols, facilities usage and controls, communication measures and vaccination plans, the establishment of a new emergency response center at Taiwan's Center for Disease Control (TCDC), and a program to stockpile the anti-viral influenza pharmaceutical oseltamivir (Tamiflu). Taiwan has also allocated NT\$27 billion (USD 844 million) for long-term plans to develop and manufacture influenza vaccines. Between December 2003 and March 2004, Taiwan also has culled a total of 380,000 birds potentially infected with the low pathogenic avian influenza (LPAI) (H5N2).

3. Comment. This report constitutes AIT's response to reftel A. Overall, Taiwan appears to be very proactive in its efforts to prevent, detect and respond to an avian influenza outbreak. Taiwan, however, could do more to ensure that all government agencies have contingency plans in place and to urge the private sector and individuals to prepare. End Summary and Comment.

Priority Issue

4. Taiwan learned the lessons of the 2003 SARS crisis. Taiwan has been continually drafting, reviewing and revising its response to another potential SARS outbreak and now to a potential influenza pandemic since the abatement of SARS in the summer of 2003. Taiwan claims that of the 168 World Health Organization recommendations for preparing for an HPAI outbreak, Taiwan has met 122. This cable provides an overview of Taiwan's preparation plans to date.

5. On August 19, President Chen Shui-bian called a senior staff meeting at the National Security Council (NSC) on avian influenza to emphasize to his Cabinet and the public the priority Taiwan is placing on preparing for a potential HPAI outbreak. At the NSC meeting, Chen emphasized the importance of learning from mistakes made in countering the SARS epidemic in 2003. He urged health authorities to enhance their international public health network in order to closely monitor global efforts to prepare for the potential of an increase in human-to-human transmission. He also urged that the public and private sectors work closely together in preparing for a massive influenza outbreak.

6. Taiwan has appropriated a special budget of NTD 27 billion (USD 844 million) for all measures to prevent/contain a potential epidemic: NTD 21 billion (USD 656.5 million) for prevention programs and supplies, NTD 6 billion (USD 187.5 million) for the research and development of vaccines and anti-virals. In line with a suggestion made by the AIT Director at a recent meeting with Minister of Health Hou Sheng-mou (reftel G), the Council of Agriculture (COA) has also recently committed NTD 1 billion (USD 31.2 million) to buy nets to cover Taiwan's poultry and swine farms in order to minimize migratory bird and domestic livestock interaction.

Taiwan Unaffected Thus Far

7. To date, Taiwan has only detected six ducks with H5N1 HPAI. Those ducks were detected in spring 2004 in Kinmen island. The ducks were immediately destroyed and later determined to be contraband smuggled from Mainland China.

H5N1 has yet to be found on the main island of Taiwan. Thus, despite being surrounded by countries struggling to deal with H5N1, Taiwan remains H5N1-free. That being said Taiwan has had to tackle a weaker strain of the bird flu virus, H5N2. To deal with H5N2, Taiwan has thus far culled approximately 380,000 birds. Nonetheless, Taiwan fully recognizes that the H5N1 risk will increase this fall when large numbers of migratory birds arrive in Taiwan. In addition, officials are concerned that live birds smuggled from H5N1-infected countries remain a potential channel for introducing the disease into Taiwan.

Human Surveillance System

18. Taiwan's Center for Disease Control (TCDC) has drafted a five-year "Influenza Preparation and Response Plan" (Flu plan). Taiwan has also established a reporting and alert system to facilitate and accelerate domestic reporting and laboratory surveillance. 450 contract "sentinels for novel influenza sampling" have been set up, which cover 90% of townships in Taiwan. A new alerting network has also been established. Once a novel flu case is confirmed, TCDC's draft Flu Plan also details who, when and how to report on a probable flu patient. It specifies how and when each level of government should respond to a reported case. Furthermore, it establishes a new alerting network, which will enable the TCDC to directly communicate instructions with local health officials using mobile phones as soon as a case is reported. It also provides protocols for cooperation across ministries. Moreover, the plan requires 455 elementary schools distributed throughout Taiwan to report on all unusual cases of school absences on a weekly basis.

Notifiable Disease

19. In the face of grave warnings by the World Health Organization about H5N1, TCDC listed H5N1 - flu - as a "statutory communicable disease" effective December 29, 2004. Notifiable communicable diseases must be reported to the TCDC and the central government is authorized to take extraordinary efforts to contain such diseases.

TCDC's 5-level Influenza Response System

10. On average, during the winter months, Taiwan suffers from an estimated three million cases of influenza per year. Thus, TCDC's flu plan includes a comprehensive system to distinguish among SARS, influenza A/B and influenza, giving guidelines to the medical workers to minimize confusion between the various types of viruses during the influenza season. Similar to SARS prevention and control measures, TCDC has implemented a 5-level Influenza Response System.

- a) Level 0/Alert: no human-to-human transmission globally and no domestic avian-to-human transmission
- b) Level A1: confirmed cases of human-to-human transmission outside of Taiwan.
- c) Level A2: confirmed cases of domestic bird-to-human transmission; a laboratory suspected case in Taiwan; or an imported suspected case, but no signs of local human-to-human transmission.
- d) Level B: one or more confirmed cases of initial human-to-human transmission reported domestically.
- e) Level C: Secondary human-to-human transmission reported domestically.

11. At the 0 level, COA has the lead for H5N1 directives. At the A1 and A2 levels, DOH will take the lead. At the B and C levels, the Executive Yuan will take the lead. As there are no confirmed cases of human-to-human transmission abroad, Taiwan is currently at the 0 level.

Border Surveillance

12. Based on the above response levels, Taiwan has a surveillance program for avian influenza and SARS at its borders. At the 0/Alert Response level, TCDC urges all travelers to countries with avian influenza outbreaks to avoid touching raw poultry in those places. All incoming are subjected to temperature checks. Passengers with fevers are further assessed prior to immigration. At the 0/Alert and A1 levels, Nasopharyngeal washing or Throat Swabs are taken from any inbound passengers with fevers in excess of 38 degrees. In addition, at the A1 level and above, in addition to the above measures, passengers from the affected areas are required to self-monitor for fevers twice a day for 10 days. At level B and/or above, medical doctors will be posted at the borders to assist in these processes. Also at level B, any outbound passenger with a fever over 38 degrees must obtain a doctor's note confirming the person has been influenza-free for at least 24 hours, before they can depart. Finally, at level B and above, any passengers

suspected of having avian influenza will be sent by ambulance to the designed hospitals for further assessment, where a series of lab tests will be conducted.

Hospital Infection Control Measures

13. TCDC's Flu plan's hospital infection control measures include: detecting and surveying fever patients promptly; implementing a standard operating procedure for infection control in all hospitals; recruiting qualified epidemiologists to help prevent inter-hospital transmissions by modeling outbreaks, evaluating nursing procedures to facilitate reorganizations that might be necessary; instituting fever surveillance and alert programs; establishing a mechanism to assess the efficacy and efficiency of hospital infection control programs; providing comprehensive and intensive infection control training for hospital staff, preventing any unsafe or unnecessary transportation of patients with a communicable disease; and implementing protocols for waste handling and personal hygiene. In addition to having 546 negative pressure beds available for use, the government has recently adopted a plan to allow for a quick conversion of several sports stadiums throughout Taiwan into large-scale isolation facilities as necessary. It also has contingency plans for closing all large public spaces in the event of an outbreak.

14. In addition to the measures above, TCDC requires all hospitals and clinics to ask flu patients if they have had any contact with poultry or farm owners. Any patients who have had such contact are given the antiviral medication of oseltamivir (trademarked as Tamiflu) for five days. Subject patients are required to have follow-up checkups.

15. Finally, enhanced nosocomial (intra-hospital) infection control measures have been in place since SARS. TCDC now has a network for epidemic control, which includes two national hospitals, six regional hospitals and 18 county hospitals throughout Taiwan. Hospitals in the network will be activated in accordance with the needs of a flu pandemic.

Flu vaccine

16. Healthcare professionals administered over 2 million doses (almost 9 percent of Taiwan's population) of seasonal influenza vaccine during the 2004-2005 season. Senior citizens over 65, children between 6 months and 3 years old, those with serious diseases, healthcare workers, workers in avian industries and health care workers were provided vaccines free of charge. Taiwan's flu season does not typically begin until December so vaccines for the upcoming season have not yet been administered, but a similar vaccination plan is in place for the 2005-2006 season. For the long-term, Taiwan has set aside USD 187.5 million for the research, development and production of a flu vaccine. Academia Sinica, the National Health Research Institute and Industrial Technology Research Institute are already working in close collaboration to develop and produce vaccines on an expedited basis. They hope to be able to produce vaccines in five to seven years.

Antivirals

17. Taiwan was the first government in the world to purchase oseltamivir (Tamiflu) stockpiles. According to the Department of Health (DOH), Taiwan currently has a stockpile of about 160,000 packs of 10 tablets of oseltamivir (each pack of 10 tablets is enough for one full course of treatment), enough for treating 0.7 percent of Taiwan's population. DOH is hoping to increase the stockpile to cover 4 percent of Taiwan's population by the summer of 2006, with the ultimate goal of growing the stockpile to be able to treat 10 percent of Taiwan's population. Taiwan also has just recently adopted plans to research, develop and produce its own anti-virals on an expedited basis. Furthermore, Taiwan gives oseltamivir to patients with:

- influenza-like illnesses over 65 years of age;
- over 12 years of age with a pulmonary or cardiovascular disease;
- poultry farmers;
- soldiers;
- and cases and contacts of influenza-like illness clusters in health care institutions are provided with Oseltamivir for prophylaxis.

Laboratory Facilities

18. CDC has contracted with nine P3-level laboratories located in major medical centers around Taiwan to conduct

all human AI flu tests. The hospitals include: National Taiwan University Hospital, Veterans General Hospital and Kaohsiung Medical University Hospital. Offshore islands in Kinmen and Matsu are to report to labs in the northern part of Taiwan and the island of Penghu will report to a lab in Kaohsiung. In addition to the nine contracted laboratories throughout the island, TCDC has a plan to set up more laboratories if needed, in order to conduct more tests in a shorter time. COA works with a single accredited laboratory in Tamshui.

Sampling Criterion of Novel Influenza

19. Patients with pneumonia, epidemiological exposure and patients with criteria clinical influenza symptoms who deteriorate rapidly without explanation will be sampled. Criteria clinical symptoms refers to any case that is shown by throat swab or serum test to show type A flu but not subtype H1 or H3, or any case that has both X-ray-confirmed pneumonia and conjunctivitis. Such cases will be immediately provided oseltamivir (Tamiflu) while further tests for subtype H5 and H7 are conducted. Epidemiological exposure is defined as patients with flu symptoms who have had exposure within 10 days of illness onset to one of the following three potential exposure routes:

- domestic birds/livestock (or fecal matter) or a novel influenza suspected case;
- places abroad where human-to-human transmission has occurred or animals have tested positive within the past three months;
- a HPAI testing/research laboratory.

Recruitment of New Physicians

20. Following SARS, Taiwan revised TCDC's organizational structure so that it could attract and employ 27 new physicians, increasing the number of physician at TCDC from 3 to 30. These new regulations have allowed doctors to get higher salaries and to be exempt from taking the civil service examination. In addition, doctors who choose to work for TCDC are provided with an additional financial incentives/rewards to entice them to leave careers in hospitals or clinics. These changes were made directly as a result of recommendations made to President Chen Shui-bian by USCDC representatives during SARS.

Availability of Respirators and Protective Wear

21. TCDC is responsible for supplying N-95 respirators or equivalent, surgical gloves, goggles and garments for health care workers. Currently TCDC has 25 million masks (for a total population of 23 million), 4 million protective garments and a large supply of gloves for healthcare workers. COA is responsible for the purchase of protection supplies for poultry industry workers and also has adequate supplies on hand. TCDC is also committed to work with COA to ensure that it obtains whatever supplies are needed.

International Collaboration

22. Taiwan places high priority on international collaboration to address the threat of an HPAI pandemic. In particular Taiwan is hoping to work closely with the United States, Japan, Hong Kong, Singapore, the United Kingdom, Australia for enhanced cooperation. Taiwan has recently donated 600,000 courses of treatment of oseltamivir to Vietnam, in part to help out a neighbor, in part to demonstrate its willingness and ability to address cross-border issues. Taiwan also has plans in place to educate and provide support for Taiwan businessman in China and Vietnam regarding HPAI prevention.

23. Regarding Taiwan's relationship and communication with AIT, Taiwan is extremely open and committed to building on the very positive working relationship with the US Centers for Disease Control (USCDC) and AIT established during SARS. Taiwan learned its lessons from SARS. Following initial attempts to cover up SARS cases in early 2003 when the disease first struck Taiwan, after AIT and USCDC interventions, Taiwan completely changed its ways. Following the abatement of SARS in summer 2003, eager to build upon the positive relationship with the USCDC, Taiwan has consistently contacted the USCDC and AIT immediately upon learning of infectious disease outbreaks (i.e., Taiwan immediately informed AIT of a SARS infection at a laboratory in late 2003, a Tuberculosis outbreak in a hospital in late 2003 and of recent outbreaks of melioidosis and enterovirus infections in Taiwan). AIT is confident of Taiwan's commitment to openness and collaboration. AIT's key contacts on this issue include: Minister of Health Hou Sheng-mou, Council of Agriculture Minister Lee Ching-lung, Taiwan Center for Disease Control Director General Steve Kuo, Director of Animal Health Research Institute Sung Hwa-

SIPDIS

Animal Demographics Overview

124. Taiwan has a modern poultry and livestock industry. Both poultry and swine are produced on medium-to-large scale farms with regular service by professional veterinarians. Farms are devoted to a single species and are widely separated. The major poultry species are modern broilers and layers, traditional colored chickens, and ducks as well as a small population of geese and turkeys. There are 132,000 poultry farms with a total bird population of 415 million. There are 13,000 swine farms with a total pig population of about 7 million. Statistics are not available on the proportion of the population engaged in poultry/swine production, but if we multiply 145,000, the total number of poultry and swine farms, by an estimated average work force of 5 persons, the total work force is 725,000 or about 3 percent of the population. There are 3 major poultry wholesale markets that the Bureau of Animal and Plant Health Inspection and Quarantine (BAPHIQ) and DOH have placed under close surveillance. In addition, live poultry is sold and slaughtered in traditional markets scattered throughout Taiwan's cities and towns. Vendors have been educated by local authorities to be aware of signs of AI and practice good sanitation in their slaughter. However, the traditional markets would be a cause for concern if Taiwan were to have an outbreak of HPAI.

Surveillance for Animal Influenza

125. Taiwan has an active surveillance program on commercial poultry, wild fowl, and migratory birds. Of the approximately 230,000 migratory birds that pass through Taiwan annually, currently 2,000-3,000 fecal samples are tested for HPAI and LPAI each year. Furthermore, COA is compiling a contact database of every chicken, duck and bird farm and every poultry market. If there is an HPAI outbreak, this database will help in implementing preventative measures.

Movement of Avian Livestock

126. To minimize the risk of interaction between migratory birds and domestic livestock, Taiwan has established a Task Force on Preventing Animal Infectious co-chaired by Minister Without Portfolio Hu Sheng-cheng (concurrent Chairman of the Council Economic Planning and Development), COA Chairman Lee Ching-lung and DOH Minister Hou Sheng-mou. In line with a suggestion made by the AIT Director at a recent meeting with Minister of Health Hou Sheng-mou (reftel G), the taskforce recently agreed that COA would commit NTD \$1 billion (USD 31.2 million) to subsidize 6,700 poultry farms and 12,900 swine farms to build nets over their farms in an effort to minimize interactions between wild birds and domestic livestock.

127. In addition, farms on which AI is suspected or detected are isolated and, if detection is confirmed, the farms are depopulated. Furthermore, poultry within a 3-kilometer radius of a farm on which AI is detected are subject to movement control and intensive surveillance for 6 months. Illegal smuggling of livestock is also a concern. In an effort to reduce this potential vector, Taiwan recently raised the level of criminal punishment for smuggling livestock and poultry so that it is equivalent to the penalties for smuggling arms or people.

Poultry Laboratory Testing

128. Animal samples are tested for influenza at four Regional Poultry Health Centers and then confirmed by the National Institute of Animal Health in Tamshui, Taipei County. Taiwan uses PCR testing, DNA sequencing and pathogenicity index testing to establish the type and pathogenicity of the influenza. Laboratory capacity is sufficient and the results are communicated to COA.

Culling Practices

129. Culling takes place when tests establish that avian influenza is present on a farm. Whether it is Low Pathogenic (LPAI) or High Pathogenic (HPAI), the farm is depopulated. To date, Taiwan has only detected LPAI and that was in early 2004 (except in spring 2004 when six ducks with H5N1 HPAI were detected in Kinmen island. These ducks were later determined to be contraband smuggled from Mainland China). Birds are euthanized via their feed or water and then incinerated. Farms are disinfected. Cullers wear masks, boots, gloves and protective clothing and are trained and supervised by the Livestock Disease Control Center. In the past, cullers were not given prophylaxis anti-virals, however, the plan is to provide oseltamivir to

cullers in the future. To date, 380,000 birds have been culled. Culling protocols are available in Chinese. Based on the 1997 Foot and Mouth Disease outbreak, Taiwan has a great deal of experience in dealing with serious animal disease outbreaks. Taiwan also has a relatively modern veterinary and quarantine infrastructure.

Animal Vaccination

30. At this time, vaccination for AI is not permitted, although BAPHIQ suspects that individual farmers have been illegally using vaccines based on the Mexican AI strain. However, COA is currently revisiting this issue at this time to consider the adoption of an animal influenza vaccine plan.

Interagency Collaboration

31. Laboratory surveillance results are being communicated to relevant agencies and ministries. In addition, TCDC, the Department of Health, the Bureau of National Health Insurance, COA and other relevant government agencies have been working together since the emergence of LPAI in early 2004. For instance, Taiwan's Coast Guard is tasked with reporting to TCDC any fishermen coming from the affected area detected with a fever. Similarly, the COA reports to TCDC any smuggled bird from the HPAI affected areas. The Straits Exchange Foundation (SEF) is in touch with the PRC regarding border control measures. SEF also disseminates the domestic border control information and HPAI information/guidance to Taiwan businessmen in China. Finally, a joint COA-DOH health drill is planned for October to test emergency avian influenza outbreak measures.

Risk Communication

32. Following SARS, TCDC designed and built a new emergency response center at its headquarters (modeled after the USCDC center) to implement its emergency response plans in the event of an influenza, SARS or other infectious disease outbreak. In addition, the Government Information Office (GIO) is working closely with all relevant government agencies and is responsible for all official public announcements regarding the disease. While the risk communication mechanisms are in place, the message could be strengthened further. Many government agencies and most private sector companies and individual citizens do not have contingency plans in place. Taiwan needs to do a better job communicating the importance of contingency planning.

Comment

33. Thus far, Taiwan has been able to avoid an outbreak of Highly Pathogenic H5N1. Taiwan appears to be very proactive in its efforts to prevent, detect and respond to an avian influenza outbreak. Given Taiwan's proximity to countries experiencing the disease, it may only be a matter of time before Taiwan's precautionary measures are put to the test. TCDC's infection control and fever surveillance efforts are particularly strong due to its significant preparations for another potential SARS outbreak and the H5N2 Low Pathogenic outbreak in Taiwan in early 2004. COA and the livestock industry also learned from their experience with the major 1997 Foot and Mouth Disease outbreak that resulted in significant investment in disease prevention, surveillance and control infrastructure, including the establishment of BAPHIQ in August 1998. Taiwan also benefits from the fact that it is an island, which affords a certain degree of protection. Taiwan, however, could do more to ensure that all government agencies have contingency plans in place and to urge the private sector and individuals to prepare.

KEEGAN